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Atty Docket No. 02307O-099910US

PTO FAX NO.: 703 872 9306

ATTENTION: Examiner KUBELIK, Anne R.

Group Art Unit 1638

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER KUBELIK, Anne R.**

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of FISCHER et al., Application No. 09/840,743, filed April 23, 2001 for METHODS FOR MODULATING FLORAL ORGAN IDENTITY, MODULATING FLORAL ORGAN NUMBER, INCREASING OF MERISTEM SIZE, AND DELAYING FLOWERING TIME are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Trans. Form
2. Petition for Extension of Time
3. Fee Transmittal
4. Response Under 37 CFR 1.116, Expedited Procedure Examining Group
5. Terminal Disclaimer
6. (Copy of) Postcard stamped by the OIPE
7. (Copy of previously submitted) Trans. Form
8. (Copy of previously submitted) Power of Attorney
9. (Copy of previously submitted) Assignment
10. (Copy of previously submitted) Statement Under 37 CFR 3.73(b)

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Number of pages being transmitted, including this page: 19

Dated: June 3, 2005 Patricia Andrews
Patricia Andrews

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TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
Telephone: 415-576-0200
Fax: 415-576-0300

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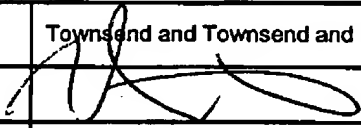
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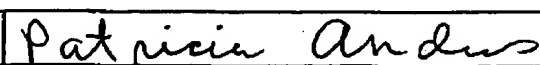
JUN 03 2005

PTO/SB/21 (09-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/840,743
	Filing Date	April 23, 2001
	First Named Inventor	Fischer, Robert L.
	Art Unit	1638
	Examiner Name	KUBELIK, Anne R.
	Attorney Docket Number	023070-099910US
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard; Terminal Disclaimer, copies of previously filed postcard, Trans. Form, Power of Attorney by Assignee and Exclusion of Inventors, Assignment, Statement Under 37 CFR 3.73(b)
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Matthew E. Hinsch		
Date		Reg. No.	47,651

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on June 3, 2005.			
Signature			
Typed or printed name	Patricia Andrews	Date	June 3, 2005

60507798 v1

PTO/SB/17 (12-04)

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/840,743
		Filing Date	April 23, 2001
		First Named Inventor	Fischer, Robert L.
		Examiner Name	KUBELIK, Anne R.
		Art Unit	1838
TOTAL AMOUNT OF PAYMENT (\$ 65		Attorney Docket No.	023070-099910US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments
 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____
 -20 or HP = _____ x _____ = _____
 HP = highest number of total claims paid for, if greater than 20
 Indep. Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____
 -3 or HP = _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other: <u>Statutory Disclaimer</u>	65

SUBMITTED BY:			
Signature		Registration No. (Attorney/Agent)	47,651
Name (Print/Type)	Matthew E. Hinsch	Telephone	415-576-0200
		Date	June 3, 2005

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On June 3, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: Patricia Ames

AMENDMENT UNDER 37 CFR 1.116
EXPEDITED PROCEDURE -
EXAMINING GROUP 1638

PATENT

Attorney Docket No.: 023070-099910US

Client Ref. No.: 99-404-2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

FISCHER et al.

Application No.: 09/840,743

Filed: April 23, 2001

For: METHODS FOR MODULATING
FLORAL ORGAN IDENTITY,
MODULATING FLORAL ORGAN
NUMBER, INCREASING OF
MERISTEM SIZE, AND DELAYING
FLOWERING TIME

Customer No.: 20350

Confirmation No. 5027

Examiner: KUBELIK, Anne R.

Technology Center/Art Unit: 1638

RESPONSE UNDER 37 CFR 1.116
EXPEDITED PROCEDURE EXAMINING
GROUP 1638

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action mailed May 6, 2005 on the above-referenced application, please enter the following remarks. A petition to extend the deadline for response for two months, from April 6, 2005 through June 6, 2005, accompanies this Amendment.

Remarks/Arguments begin on page 2 of this paper.